

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90203 034 ***150.00

DOCUMENT # P97000039431

1. Corporation Name
K & T TIRE AND AUTO, INC.

Principal Place of Business
201 N. FRANKLIN ST.,
STE. 2350
TAMPA FL 33602

Mailing Address
201 N. FRANKLIN ST.,
STE. 2350
TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/02/1997

4. FEI Number
65-0767780

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 2371 S. Tamiami Trail

2a. Mailing Address

26 4353 Gunn Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Venice, FL

City & State

28 Tampa, FL

Zip Country

24 34292 25

Zip Country

29 33624 30

9. Name and Address of Current Registered Agent

LANIGAN, DAVID C
201 N. FRANKLIN ST.
STE. 2350
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name LANIGAN, DAVID C
82 Street Address (P.O. Box Number is Not Acceptable)
100 S. Ashley Drive
83 Ste 1300
84 City Tampa, FL 85 Zip Code 33602

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE David C. Lanigan

4/28/99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE DPT
NAME BELCHER, KEN
STREET ADDRESS 19120 NW 156 AVE.
CITY-ST-ZIP ALACHUA FL 32615

TITLE DVS
NAME WALSH, TIM
STREET ADDRESS 3036 KALEB CT.
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 2622 Manor Oak Dr.
1.4 CITY-ST-ZIP Valrico, FL 33594

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 436 Bradenton Road
2.4 CITY-ST-ZIP Venice, FL 34293

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Katherine Harris* SIGNATURE REQUIRED

Date

Daytime Phone #

4-28-99

813-493-5254

CR2E034 (11/98)

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